

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 4-9-99

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LOUISIANA
ETHICS COMMISSION
CAPITOL BUILDING**1990925**1. NAME ADAMS, SANDRA C
Last First MI2. BUSINESS PHONE 925-7239 (225)3. BUSINESS ADDRESS 1772 WOODDALE BLVD, BATON ROUGE, LA 70806
Street and No. City State Zip4. EMPLOYER LOUISIANA MATERNAL AND CHILD HEALTH COALITION5. EMPLOYER'S ADDRESS 1772 WOODDALE BLVD, BATON ROUGE, LA 70806
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name American Cancer Society - Mid-South DivisionAddress 504 Brookwood Blvd, Birmingham, Alabama 35209Business or purpose prevent cancer, provide for early identification and treatment☒ New RepresentationDoes this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

State of Louisiana

Parish of West Baton Rouge

Before me, the undersigned authority, personally came and appeared _____, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Andre Card
Signature of Lobbyist

Sworn to and subscribed before me on this 9th day of April, 1999.

Maury H. Thompson
Notary Public